D 0 SICIANS shoul PHYSICIANS RECORD PERMANENT 4 properl supplied. pe UNFADING may certificate. 50 back pino plain Instructions 므 DEATH of OF Important. CAUSE

1 PLACE OF DEATH 4 COLOR OR RACE (Month)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.2

Ilf death occurred in a hospital or institution give its NAME Instead

St.: Ward) of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 5 SINGLE. MARRIED, WIDOWEO, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h alive on (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... 1 dayhrs. ----min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. .. State _____ yrs. ___ mos. __ _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankan St., Baito., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head ot injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping, cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railicay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. ctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certifloate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

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Coun	Promotor live	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.00
Villa	2 FULL NAME Berther 1. 43	St; Ward) [if death occurred in a hospital or institution, give its MAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, MARRIED, MODERN WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH SEC 6, 1915 (Month) (Day) (Year)
	TE OF BIRTH 7 28 1890 (Year)	that I last saw h 54 alive on \$25.0 5 1915,
7 AG	E 25 yrs. 9 mes. 8 ds. OR min.?	and that death occurred on the date stated above, at C. m. The CAUSE OF DEATH * was as follows:
(b) bus whi	CCUPATION) Trade, profession, er) Trade, profession, er ticular kind of work) General nature of industry siness, er establishment io ch empleyed (er empleyer) RTHPLACE (State or country)	Contributory Jutistich Hers hat god
PARENTS	10 NAME OF Auglin R. Mellene 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Address) (Add
	13 BIRTHPLACE OF MOTHER (State or country) Balt, Tul	TO LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the el deeth ye. mee. de. State, ye. mee. de. Where we disease contracted,
5	te above is true to the Best of My Knowledge (Informant) Tables Bailey	if set at place of death? Former or neural rapideace
16 File	(Address) Pruble tity they	DATE OF BURIAL OR REMOVAL AUCUSTICE ADDRESS Challed Balland By Cromode
	If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Groccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective Statement of Occupation-Precise statement of occupa--Coal mine, etc. the second statement. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

surgical operation was undertaken. For violent deaths lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) The contributory (secondary or intercurcarbolic acid-probably Never report mere



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PLACE OF DEATH 22161 PHYSICIANS should state OCCUPATION IS YELY County Worceshis 0 Exact statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE MARRIED, Widowed (Write the word) stated properly classified. (Month) (Day (Year) TAGE If LESS than pinous 1 day hrs. a AGE OCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) Generat nature of Industry, business, or establishment in may which employed (or employer) DEATH in plain terms, so that it m. See Instructions on back of certificate. 9 BIRTHPLACE (State or country) carefully 10 NAME OF FATHER should be of Father (State or country) PARENTS 12 MAIDEN NAME OF MOTHER of information 13 BIRTHPLACE OF MOTHER (State or country) OF Item Every Item CAUSE OF Important. (Address) 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-Ward)

Ilf death occurred is a hospital or Institution, give its NAME tostead of street and nomber.]

MEDICAL CE	RTIFICATE (OF DEATH	
B DATE OF DEATH	031		191
***************************************	(Month)	(Day	(Year)
17 I HEREBY CE		1 attended de	
Get/ 1913	- 10 00 c	e 31	191
hat I last saw h <u>u</u> alive o			191.
and that death occurred on the			P.
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(home	NII	46.1.	**
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Contributory			******
Secondary			
	(Boration)	yrs	mos
Cionad) Itzali	din a	1000	
Signed) Szali	1		, M.
Decily, 1918 (Addre	:55)(22	******************************	
		r in dontha fr	Own Wrong
*State the DISEASE CAUS CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMICIDA	OF INJURY;	and (2) wheth	er Accide
18 LENGTH OF RESIDENCE	FOR HOSPITAL	s, INSTITUTIONS,	TRANSIEN
OR RECENT RESIDENTS) At place	lo the		
of death yrs mos		yrs	Page
Where was disease contracted.	and out of the control of the contro		111122
If not at place of death?			
Former or			
usual residence			
19 PLACE OF BURIAL OR RE		A CONTRACTOR OF THE PROPERTY O	
PLACE OF BURIAL OR RE	MOVAL	DATE OF B	
Berlin m	d	Jun 2	191
20 UNDERTAKER		ADDRESS	, , , , , , ,
Curlis 9.70		D ADDRESS	
		Berly	

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Furmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time aud eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 4Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fricture of skull, and eonsequences (e. g., mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaecte., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whopping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtotanks) may be stated under the head of Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations ou statement of "Exhaustion," For VIO-



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Village or City Britishille (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.24 St.; Ward) [If death occurred in a hespital or institution.
2 FULL NAME hot ham	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 color of Race 5 SINGLE, MARRIED, WIDDWED OR DIVORCED Single (Write the word) 6 DATE OF BIRTH De 8 (Month) (Day) 1915- (Year)	16 DATE OF DEATH Company Compan
7 AGE 20 If LESS than 1 day, hrs. OR mia.?	and that death occurred on the date stated above, at 4A; m. The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manulband	Contributory Secondary
11 BIRTHPLACE OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed)
(Informati) Edw. A-Collins (Address) Bishofille Mod 16 Filed Dec 28, 1914 Harry Bayne	Where was disease contracted, If not al place of deeth? Fermer or usual recidence 19 PRACE OF BURIAL OF REMOVAL 20 UNDERTAKER ADDRESS B. A. A. M.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, ctc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death. state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None

Statement of Cause of Death—Name, first, the DISEASE CAUSING PACTH (the primary affection with respect to time and Gaustion), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis") Diphtheria (avoid use of "Croup"); Typhoid fever (no er report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of...... (name origin: "Cancer" is less definite: avoid use of "Turnor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "I ropsy," "Exhaustion," "Heart failure," "Il emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uramia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD AGE should be stated EXACTLY. of information should be carefully supplied. ACE should be st a DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s. Important m

1 PLACE OF DEATH

County Thoreester

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 357

Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Snowtiel Med (No. Costone

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Write the word)	16 DATE OF DEATH See 3/ ,1915- (Month) (Day (Year)
G DATE OF BIRTH Jan. 30 Th (Month) (Day (Yestr)	that I last saw has alive on A 3 1915
FOCCUPATION (a) Trade, profession, or	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos/ da.
9 BIRTHPLACE (State or country) Snowthice and 10 NAME OF FATHER Storgs, Coston 11 BIRTHPLACE	(Signed) (Address) Snow Fell Mu
(State or country) Survivision and 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Worksler (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs mos ds
(Informant) Groves Coston (Address) Involves mid	Where was disease contracted, If not at piace of death? Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed /// 1816 LELOY Secret	Christen Cerulary Jan 2 1916 20 UNDERTAKER APPLICATION ADDRESS Arilliam & Arilliams Anowythis
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when necded. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as tieation as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the seedard Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant ncoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report eause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS

should state

PHYSICIANS

RECORD

A PERMANENT stated EXACTLY.

of OCCUPATION IS very

Exact statement

properly classified.

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Instructions on back of certificate.

plain terms.

B.—Every item of information CAUSE OF DEATH in piai

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Important

1 PLACE OF DEATH

County Nor custic.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 35

St.;....Ward)

[If death occurred is a hospital or institution, give its NAME Instead ot street and number.]

unbrehville No.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jenuale While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on Suc. 28- 1915.
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5 6 9 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Fourse wife	
(b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) MU MU MU MU MU MU MU MU MU M	(Signed) (Duration) yrs mos of secondary (Duration) yrs mos oug action Secondary (Duration) yrs mos 2 ds. (Signed) (Signed) (Address) (Duration) yrs mos 2 ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani)	At place of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, 11 not at place of death? Former or
(Address) Greenlachwiller	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12/30## 1915
Filed Dec 30, 191 6 Pague REGISTRAR	Herrwork Smoch Strekton med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculces of hungs, meninges, peritonaeum, etc., Carein-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report For vio-



Z

UNFADING INK-THIS IS PLAINLY, WITH WRITE

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. 4 AGE should See instructions on back of Every Item of Information CAUSE OF DEATH in pisi Important. 15 0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:----...Ward) [if death occurred in a hospital or institution,

DATE OF BURIAL

ADDRESS

	FULL NAME Poffic Zu bick	give its NAME lostead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	exuels but of single, MARRIED, WIDOWED, WORDLOW ORDIVORCED (Write the word)	18 DATE OF DEATH Dec 16 , 1915 (Month) (Day (Year)
	(Month) (Day (Year)	that I last saw here silve on the last saw here
V (2	39 yrs 3 mos 9 ds OR min.?	and that death occurred on the date stated above, st. 1-30 - A m. The GAUSE OF DEATH * was as follows: Vost foarture leverolings
(b) bus wh	of General nature of industry, liness, or establishment in liness, or establishment in liness, or establishment in liness (State or country)	(Ouration) 5 hours yrs mos ds. Contributory Secondary
PARENTS	10 NAME OF FATHER Eligah a borman 11 BIRTHPLACE OF FATHER (State or country) In anyland 12 MAIDEN NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or
	(Interment) tosse F. Dickerson	Former or usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL

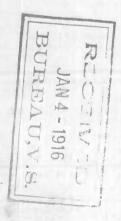


[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salçsman, If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronie interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae eause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of sknll, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was nudertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the The contributory Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A . PERMANENT UNFADING INK-THIS WRITE PLAINLY, WITH N. B.—Every Item CAUSE OF

Village or City Statis of No. well 2 FULL NAME MM. Am.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred is a hospital or institution, give its HAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Themal While Single, Marrieo, Willows or Divorces (Write the word) B DATE OF BIRTH Aug. 27, 839	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915, to 5, 1918.
(Month) (Day (Year)	that I last saw hat alive on 1915.
TAGE If LESS than 1 day,hrs. OR min.? **OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at
9 BIRTHPLACE (State or country)	Contributory Secondary
11 BIRTHPLACE OF FATHER OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(Address). State to the Best of My Knowledge (Address). State to the Best of My Knowledge (Address). State to the	Where was disease contracted, If not at place of death? Former or USUAL TOSIGENCE. 19 PLACE OF BURIAL OR REMOVAL AND

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeeper's mine, etc. Women at home, who are engaged in the statement. Civil engineer, Stationary fireman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease of persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, As examples: "Foreman," (2)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origiu; "Canis less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head (Recommendations on statement of For vio-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Snowsell (No. 22167) 22167 Village or City Snowsell (No. 22167)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357/ St.; Ward) [It death occurred le a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RAGE MARRIED, WIDOWED, OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from Aug. 1 St. 1913, to Dec. 10 1915.
(Month) (Day (Year)	that I last saw h la alive on Dec 10 1915
7 AGE (SOUTH) (Day (LERT) 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	Chronio replinitios My ocerditio
tusiness, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Level Hemorkage Secondary
10 NAME OF Elisha Holloway 11 BIRTHPLACE OFFATHER (State or country) Cranyland	(Signed) State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER Sallin Bre 928 13 BIRTHPLACE OF MOTHER (State or country) Pranyland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Bry Harry 9 Auro	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted, It not at place of death? Former of usual residence.
(Address) & now Hell 15 Filed 12/23, 1985 LERoy Sewith REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER L. J. J. Sam Suouffell par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question duties of the household only (not paid Housekeepers mine, etc. it should be used only when needed. As examples: Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on muy form part of the second Groccity; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Plauler, been changed or given up on account of the DISEASE (a) Spinner, (b) Collon mill; (a) Salesman, (b) Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucists of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cangenital," "Senile," cte.), thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstilial nephrilis, eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Purreral peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." sepsis, telanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1. N.B.

BINDING

FOR

MARGIN RESERVED

1 PLACE OF DEATH

County...

worcester

the second second second	Registration Dist. No. 3
Village or City In mo file (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MANUAL Simale Colored OR DIVORCED (Write the word)	16 DATE OF DEATH ALC (Month) (Day) , 1915
8 DATE OF BIRTH 200 80 (Month) (Day) , 184/ (Year)	that I last saw h lative on local last saw h lat
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 300 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in	Olivona Nepurilis (Buration Deciptal mos. ds
which employed (or employer) Vanue 9 BIRTHPLACE (State or country) Work cialing of the part of the pa	Contributory Cerebral Herrochage Secondary (Burallon) yrs. mos. ds (Signed) EUVISHOT M. 0
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 0 1	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER. (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(Informant) Than Johnson	if not at place of death?
16 12/14, 1915 LERoy Swith REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS DATE OF BURIAL ADDRESS DATE OF BURIAL DATE OF BURIAL
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

22169

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

For many occupations a single word or term on the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed mobile factory. only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railwoy train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerpenal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," genital," "Senile," ctc.), "Anuemia" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvulor heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cause. Always qualify all diseases resulting from child-"Heart failure," "H: emorrhage," "Inanition," "Maras-"Tumor" for malignant neoplasms); Meastes, Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," "Exhaustion," wound of ("Con-



V. S. No. 1.

PLACE OF DEATH

County	CERTIFICATE OF DEATH Registration Dist. No. 350
2 FULL NAME Alizahethe Dun	St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) wanted	6 DATE OF DEATH Dec 2/2 , 191. (Month) (Day) (Yes
DATE OF BIRTH Afril 6 1856	HEREBY CERTIFY, That I attended deceased from the state of the state o
1 day, hrs.	and that death occurred on the date stated above, at & ??
CCUPATION (a) Trade, protession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer)	Gontributory Millerties Gontributory Millerties
10 NAME OF	Secondary (Byrallee) we 3 mea
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) At place to the data of deathyrsmos Where was disease contracted,
(Informant)	If not at place of death ?
(Address)	Presentation Granton Date of Burial Dres Ley Gran Granton Dec 23, 191.
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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, ness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil ter, Stationary fireman, etc. But in many cases, For persons who have no occupation whatever, If the occupation has been changed If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee head-homicide; Poisoned by earbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinona, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of or miscarriage The nature of the injury, as fracture of skull The contributory (secondary or intercuras "PUERPERAL septichuemia, State cause for which Never report mere important.



PLACE OF DEATH

a hesplaid or Institute green its NAME in of street and number of street	County Araucu GS (1		XX)	Registra	ation Dist.	2.17
3 SEX 4 COLOR OR RACE MARRIED MARRIED WOONGED (Write the word) 7 AGE 11 LESS than 1 day, hrs. ds. OR min.? 12 MADE of BIRTH 12 MADE of BIRTH 13 SEX 4 COLOR OR RACE MARRIED MARRIED WOONGED (Write the word) 14 LESS than 1 day, hrs. ds. OR min.? 15 CAUSE OF DEATH ** was as follows: 16 DATE OF DEATH The CAUSE OF DEATH ** was as follows: 17 The CAUSE OF DEATH ** was as follows: 18 OCCUPATION (a) Irade, prelession, or particular kind of work (b) General nature of ladustry business, or establishment in which employed (or employer) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 IRITHPLACE OF MOTHER (State or country) 14 THE ARMY ELST OF MAY NOW HORGE 15 LENGTH OF RESIDENCE (Fon Hospitals, Institutions, Trans on Recent Residence of Hospitals (Institutions, Trans on Recent Residence) 16 DATE OF DEATH (Month) (Day) (It HEREBY CERTIFY, That 1 attended deceased Add that death occurred on the date stated above, at A that last saw h	1. 1	yee			ard)	[tf death occurred in a hospital or institution, give its NAME instead of street and number.]
Washington (Day) Tage Mark Day Da	PERSONAL AND STATISTICAL PARTICUL	ARS	ME	DICAL CERTIFI	CATE OF	DEATH
TAGE (Month) (Day) (Coar) (Address) (Bursilee) (Bursi	MARRIED, MIOOWED	rdome	16 DATE OF DEAT		Dec (Month)	(Day) (Year)
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			Succes	87,10	00 0	veous

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH

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IAP	County Morces (SA) - FIRE ICE AND THE	CERTIFICATE OF DEATH
SICIA		Registration Dist. No. 358
Stat	Karomohe esti	
Ct s	Village or City (No,	St.; Ward) [if death occurred in a hospital or institution,
Exa.	Da 7 4 4 110	give its NAME instead of street and number.
H I	² FULL NAME JYMULE JY ZWYLL	<i>>VV V</i> -
EXAC siffied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED; 110	16 DATE OF DEATH Dee / Item 1015
stated iy claste.	Jemale White Wilder OR DIVORCED (R) The Wilder Wille the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
id be prope	Jalan 11 4 mil	JUL 2, 191 2, to ,191 ,
noul cert	(Month) (Day) (Year)	that I tast saw h. en alive on Du 2 , 1916 ,
O Y O	7 AGE II LESS than	and that death occurred on the date stated above, at P. m.
it m	75 yrs 5 mas ds OR min.?	The CAUSE OF DEATH * was as follows:
	8 OCCUPATION	a gysseral man down
the s on	(a) Trade, profession, or dwyling particular kind of work	gehass how sunhous
suppli s, so t tions	(b) General nature of Industry	
fully su terms,	business, or establishment in which employed (or employer)	. Chashes was de. ds.
efu nst	9 BIRTHPLACE (State or country) Winesatia Country	Contributory Secondary
0 0 0	- Trovas as and	- Ag (Burglion) yrs. mos ds.
in p	10 NAME OF AN MALE MANAGE	(Signod) Same Summ, M. O.
ouio TH tant	U II BIRTHPLACE OF FATHER (State or country)	1 My 1915 (Address) Cass much at me
F DEA	lil total of country	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	C 12 MAIDEN NAME of MOTHER of MOTHER	
e E E	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Sv	OF MOTHER (State or country)	At piece in the set of death
ZAZ	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
TIO TIO	(Interment) Rome Littleton (Son	Fermer er
state	(Marie Mari	usuel residence
Every I should occul	(Address) WWW.eary WW	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Sho	16 /3 /15	20 UNDERTAKER ADDRESS
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STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

I BLACE OF DEATH

Villag	go or City Newark (No. ,) 2 FULL NAME Ambers La	St.; Ward) [If death occurred a hospital or institution give its HAME instead of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191
6 DA	TE OF BIRTH Seft 1 1963	17 I HEREBY CERTIFY, That I attended deceased for the street of the stre
7 AG		and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:
(b bus	CCUPATION) Trade, profession, or rilcular kind of work) General nature of industry siness, or establishment in	Ma Nocloy in Allendone (Duration) yrs. mos.
	IRTHPLACE (State or couptry) 10 NAME OF FATHER 10 NAME OF FATHER	Contributory Secondary (Buralian) yrs mas (Signed)
RENTS	11 BIRTHPLACE OF FATTHER (State or country) Maryland 12 MAIDEN NAME A	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSERS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SCHOOL OF HOMICIDAL.
PA	OF MOTHER Allian Harrian 13 BIRTHPLACE OF MOTHER (State or country) ME ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE OR RECENT RESIDENTS) In the of death yrs. mos. ds. Stats, yrs. mos. Where was disease contracted, If not all place of daath?
1	(Informant) Halter Harmon (Address) Newark mel	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Dec 18- 1915 My Haccomy	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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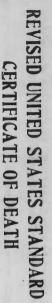
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:---Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED. WIDOWED. (Month) (Year) ORDIVORCED (Write the word) (Day I HEREBY CERTIFY, That I attended DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day hrs. OR 7 BOCCUPATION (e) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE -191 ... (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE OF MOTHER (State or country) Af place In fhe of death yrs. mos. State yrs, ____ Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not af place of death?. Former or (Informant) usual residence. PLACE OF BURIAL OF REMOVAR DATE OF BURIAL 15 DERTAKE ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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W. B. No. 1.

	should state
RECORD	PHYSICIANS of OCCURAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	4. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.
	4. B.—Every CAUSI

Village or City Oclan City (No. 1)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No 357 St; Ward) St; Ward) St; Ward a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male Volite Garage (Write the word)	16 DATE OF DEATH OLD 16 m , 191 3 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from , 191, 191
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 7 AGE (If LESS than 1 day, hrs. or 1 day, hrs. or min.? COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Marsatta office 10 NAME OF FATHER Andrewson R Moore	that I last saw him alive on 191 and that death occurred on the date stated above, at 4 P. m. The GAUSE OF DEATH* was as follows: O on he will be communited fraction of Geerhate of Right Paristablished fraction of Contributory Thesian fraction of Car (Secondary) (Beration) yrs. mos. ds. (Signed) 2 aduly P. Henry M.D. Doct 17, 1915 (Address) Berlin med.
13 BIRTHPLACE OF MOTHER SALAH (State or country) 12 MAIDEN NAME OF MOTHER SALAH (State or country) 14 THE ABOVAIS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PUNDERTAKER PUNDERTAKER ADDRESS ADDRESS AL WORLD AT A COLUMN AND ALL WORLD AND ALL

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionarum, etc.. Carcinosis of lungs, meninges, pertionarum, etc.. Carcinosis of lungs, meninges, pertionarum, etc...

cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacture of the American Medical Association.) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in Detnit, I will prevent further correspondence. All the dath is essential and first be obtained before the certificate is permanently fied.

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S. No. 1.

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PHYSICIANS should state of OCCUPATION IS very carefully supplied. AGE should be stated EXACTLY. It that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS IS certificate. H in piain terms, so itructions on back of WRITE PLAINLY, WITH should be B.—Every Item of Information CAUSE OF DEATH In pial Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

It death occurred in

ADDRESS

FULL NAME Lavid	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male with (Brite the word)	16 DATE OF DEATH 14/1 , 1915 . (Month) (Day (Year)
8 DATE OF BIRTH Och (Month) (Day (Year)	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE Strain 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 7 CEAL Qm. The CAUSE OF DEATH was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	To by orcian except at time of all all a line of the organization
9 BIRTHPLACE (State or country) Delaware 10 NAME OF FATHER Was African Africa	Secondary (Signed) *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.
(Information Sallie Gutting) (Address). Some with the	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The contract of the contrac

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuouym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nuere symptoms or terminal conditions, such as "As valvular heart disease; Chronic-interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cangenital," theuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the mus," "Old Agc," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-



S. No. 1.

1	state
RECORD	PHYSICIANS should of OCCUPATION IS
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH	Every Item of Information should be carefully sur CAUSE OF DEATH in piain terms, so that It ma Important. See instructions on back of certificate.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[if death occurred in a hospifal or institution, give its NAME instead of street and number.]

² FULL NAME South Affilm	7 - 2
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 4 COLOR OR RACE MARRIED, MONOWED, WIDOWED, OR DIVORCED	16 DATE OF DEATH & & 3/ ,19150 (Month) (Day (Year)
SEAT / 18544 (Month) (Day (Year)	that I last saw h. A. alive on Rec. 3/ 1915
TAGE TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE	(Duration) yrs. mos. 14 ds.
(State or country) Ananyland 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) (Buration) yrs mos 6 ds. (Signed) (Signed) (Address) Susta Well)
(State or country) 12 MAIDEN NAME OF MOTHER Chabits Sturge 13 BIRTHPLACE OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the
14 THE ALOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Selling Strately	of death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at piace of death? Former or usual residence.
15 Filed 1/3, 1916 LER Secret REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNDERTAKER ADDRESS W. T. HEAR Snow Hilf M.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persous eugaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)cases, especially in iudustrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anacuia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and cousequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal perilonilis," etc. State childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. by carbolic acid-probably suicide. The nature of the The contributory tctanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REC. V.D. FEB 5-1916 BURBAU, V.S.

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tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be si that it may be properly classified. 4 UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it m Important. See instructions on back of certificate. WRITE PLAINLY, WITH item of information should be

1 PLACE OF DEATH 22170





STATE OF MARYLAND

Village or City Production (No. 1) 2 FULL NAME Gladys F. Outer	CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) DATE OF BIRTH (Month) (Day Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from that I less saw how silve on Mar. 28", 1915.
If LESS fhan 1 day,hrs. yrs	and that death occurred on the date stated above, at /2 9 9, m The CAUSE OF DEATH* was as lollows:
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds Where was disease contracted, If not at place of death?
(Informant) Advis V. Culture Cur. (Address) Filed 12/1 , 1915 & S. Harries REGISTRAR	Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL 4 Or Will Fuelling 12/2, 1915 20 UNDERTAKER Appress Occorrolle

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Allamson Orr

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locamotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerrenal septichaevalvular heart disease; Chronic interstitial nephritis, sepsis, tetanus). "Contributory." mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhuge," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou ueed not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver around of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) "Puerperal peritonitie," etc. State cause for Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (Recommendations ou statement of (disease causing dcath), 29 ds.; "Dropsy," "Exhaustion," Never report



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS No.

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22179

PLACE OF DEATH



STATE OF MARYLAND

County / / /	CERTIFICATE OF DEATH
	Registration Dist. No. 3
VIIIage or City (No	St.; Ward) [If death occurred la a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, ORGIVORCED (Write the word)	(Month) (Day (Year) 17 HEREBY CERTIFY, That I attended decessed from
6 DATE OF BIRTH Quel 5 , 18-40 (Month) (Day (Year)	that I last saw her alive on Size 2 4 1915;
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 10 ds.
9 BIRTHPLACE (State or country) Mary land 10 NAME OF FATHER Lands Newwell 11 BIRTHPLACE	Contributory Secondary (Buration) yrs mos ds. (Signed) Address Ruce M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 2	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs, mos ds Where was disease contracted, if not at place of death?
(Address) Berlin mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed N.C. 26, 181 5 1/2 Jacconvay	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "l'oreman," (0)

Statement of cause of death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerperal perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mns," "Old Agc," "Shock," "Uraemia," "Weakness," "Ilcart failure," "Haemorrhage," "Inauition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the Americau Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtctanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



V. S. No. 1.

1 PLACE OF DEATH

Coun	Worcester 22180	CERTIFICATE
Villag	je or city Berlin (No. Md;	Registration I
	2 FULL NAME Emma Pern	ell's Infant
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE
3 SE	ale Black SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I
	(Month) (Day) , 1915	that I last saw halive on
7 AG	if LESS than 1 day, hrs.	and that death occurred on the date: The CAUSE OF DEATH * was as foll
6 (a	yrs. Mos. Ss. OR Mis.? CUPATION Trade, profession, or clicular kind of work	no de u atte
bus whi) General oature of lodustry Iness, 'er establishment in ch empleyed (or employer)	(Buralion)
9 B1	RTHPLACE (State or country) Md-	Contributory Secondary (Burstion)
	10 NAME OF SLOTAL Riley	(Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; and
PAR	12 MAIOEN NAME 6 mma (ernell	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITAL OF RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In t of deathyrsds, St
7	(Informant) THE BEST OF MY KNOWLEDGE	Where was disease contrasted, If oot at piace of doeth ?
	(Address) () Berlin - md.	Derlin - Md.
16 File	12-31-, 1915 W. L. Holloway	20 UNDERTAKER Curtis . Evaus
	If more blanks are needed, address State Registrar, 1	16 W. Saratoga St., Balto., Requesting V. S. No
24		

STATE OF MARYLAND OF DEATH

[It death eccurred in a hespital or institution, give its NAME instead of street and number.]

OF DEATH

31

(Day) attended deceased from

, 191.....,

....., 191.....,

stated above, at m.

or, in deaths from VIOLENT d (2) whether ACCIDENTAL

S, INSTITUTIONS, TRANSIENTS,

ats, ______ds.

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer,"

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

Sent and for

on statement of cause of death approved by Committee and eonsequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For VIOLENT DEATHS "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ... under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senilc," etc.), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Caneer" is less definite; avoid use of on Nomenelature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; birth or misearriage Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercur-90 00 "Puenperal septichaemia," "Dropsy," Never report mere "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly also a perman

BURHAU, V.S.



RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

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hould state	Cou	PLACE OF DEATH unty Worcester 22181	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.3
HYSICIANS shoul of OCCUPATION	Vill	2 FULL NAME Germelia an	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
ant.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY t statemen	3 86	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Exac	6 D/	ATE OF BIRTH April 12, 1847 (Month) (Day (Year)	Dec. 17. 1915, to Alec. 21. 1915, that I last saw h. M. alive on Dec. 17. 1916
should be s y classified.	7 A C		and that death occurred on the date stated above, at 1230.2, m, The CAUSE OF DEATH* was as follows:
AGE	X (a)	CCUPATION) Trade, protession, or Housewife rdicular kind of work	Cerebral Hoemonhage
supplied, may be te.	bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration) yrs mos 4 ds.
that it certifica		(State or country) Maryumic	Secondary (Duration)
so th		10 NAME OF FATHER Samuel Blades	(Signed) Jahr D. Dighelyson, M. D.
terms, on back	ARENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	PAR	12 MAIDEN NAME Sarah Payne	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
of ormation of the contractions instructions		OF MOTHER (State or country) Maryland	At place in the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted.
of in DEA	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death?
tem OF).	(Informant)	usual residence.
Every i	15	(Address) Stocktow, M. Ch.	Hledgagrange ME Centery 12/22/, 19151
B.—E	FI	led 12/22, 1915 / Cach C	Harlock + Sucark Stockline had

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeeper's statement. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a defiuite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-".Contributory." by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustiou," Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Worker 22182 Village or City Stockton (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35 St.; Ward) [If death eccurred in a hespitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black single, makeries wis by sound of the word.	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
TAGE TAGE TO AGE TO	that I last saw handlive on the date stated above, at
P OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Duration) yrs mas ds.
10 NAME OF FATHER SO. NO do do do do	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 13 MAIOEN NAME OF MOTHER 14 MAIOEN NAME OF MOTHER 15 MAIOEN NAME OF MOTHER 16 MAIOEN NAME OF MOTHER 17 MAIOEN NAME OF MOTHER 18 MAIOEN NAME OF MOTHER 18 MAIOEN NAME OF MOTHER 19 MAIOEN NAME OF MOTHER 19 MAIOEN NAME OF MOTHER 10 MAIOEN NAME OF MOTHER 11 MAIOEN NAME OF MOTHER 12 MAIOEN NAME OF MOTHER 13 MAIOEN NAME OF MOTHER 14 MAIOEN NAME OF MOTHER 15 MAIOEN NAME OF MOTHER 16 MAIOEN NAME OF MOTHER 17 MAIOEN NAME OF MOTHER 18 MAIOEN NAME OF MOTHER	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 18 TRUE TO, THE BEST OF WY KNOWNEDGE	OR RECENT RESIDENTS) At place to the ef deeth
(Informant) Seo. M. Powley (Address) Stockton - Vad.	If not at place of death? Former er usual residence 19 PLACE OF BURIAL OR, REMOVAL DATE OF BURIAL
FREE 12/17/, 1915 W. O. Pay Ne REGISTRAR	29 UNDERTAKER PURUL STOCKTON
.If more blanks are needed, address State Registrar, 1	6 W. Saratoga S., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Cotton Never return "Laborer," (b) Auto-

causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: unqualified, is indefinite); Tuberculosis of lungs, menin-Statement of Cause of Death-Name, first, the DISEASE using always the same accepted is a like ase. Examples: Cerebrospinal

rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronie interstitud ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of mus," "Old Age," "Shock," "Urzemia," "Weakness, "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia, etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by to determine definitely. Always qualify all diseases resulting from child-The contributory (secondary or intercur-Examples: Accidental drowning; carbolic acid—probably State cause for which Never report mere wound

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques

fever (the only definite synonym is "Epidemic cerebro AR 1 3 1916 spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); R. H.A. U. V. Lobar pneumonia, Bronchopneumonia ("Pneumonia,") Sent out for proprature of S. Reg. and the

S. No. 1.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Worester	CERTIFICATE OF DEATH
ounty.	Registration Dist, No 354
mars 14'11	[If death occurred in
Village or City (No	St.; Ward) a hospital or institution,
FULL NAME Janus, Ot	ehardson give its NAME instead of street and number.]
	16
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of RACE Single, Married, Married Wilower, Oppivorces (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw halive on
⁷ AGE If LESS than	and that death occurred on the date stated above, at 4 P, m,
7 2 yrs mos 3 ds 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	until he went a chile the
particular kind of work	Sector Since Cardiac Osthud
(b) General nature of industry, business, or establishment in	(Duration) 3 — yrs. mos. ds.
which employed (or employer)	
State or country) worcester bo md	Secondary (Duration) yrs mas ds
10 NAME OF FATHER	
Gont No	(Signed) Musicon M. O.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 1	*State the Disease Causing Death, or, in deaths from Violent
of Mother many black	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Hand Waters	If not at place of death?
01: 101- 61	usual residence
(Address) Gracers (na	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed/2/24/1915 100 Page	Coolsform Cumber Dal 24 1915
BEGISTRAR	If I frelliams provoftige
/ If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day taborer, Farm laborer, Laborerstatemeut. it should be used only when needed. As examples: essary to know (a) the kiud of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a defiuite salary), may be entered as material worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are cugaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease eausing death—in the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of tungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitiat nephritis oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head of Meastes (disease causing "Senile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of dcath), 29 ds.;



PHYSICIANS should state of OCCUPATION is very

PHYSICIANS

Exact statement stated EXACTLY.

properly classifled.

should be

AGE

carefully supplied.

of certificate.

DEATH in plain terms, so See Instructions on back of

important.

Every Item of information should be CAUSE OF DEATH in plain terms, s

1 ż

PERMANENT RECORD

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

No. 1. vi.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

It death occurred in a hospital or institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOROR RACE MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH Sept 2011	16 DATE OF DEATH Dec 26, 1915 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from Dec 25, 1915, to Dec 25, 1915,
(Month) (Day (Year)	that I last saw h Lucalive on Dec 25 ,1915
yrs 3 mos ds day,hrs. OR min.?	and that death occurred on the date stated above, at 12.15 q.m., The CAUSE OF DEATH* was as follows: Milral regurgitation of wart
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Dorot Runn ds.
Distribution of the state of country) 10 NAME OF FATHER 2	(Signed)
of Mother auc Faucoct 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY ROWLEDGE (Informant) (Informant)	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REBIDENTS) At place in the ot death yrs ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or usual residence
(Address). Selecto Gerdledre, ms 16 Filed 12/27, 1910 Le Roy Swith	19 PLACE OF BURIAL OR REMOVAL Whatevat M. E. Cenutry Dec 27, 191

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursults ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pheumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildblrth or misearriage as "Puerperal septichucete,, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequenees (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopheumonia (secondary). 10 ds. The contributory (secondary or intercurrent) "Puebreral peritonitis," etc. Always qualify all diseases resulting from Measles "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; State cause for Never report



1 PLACE OF DE	ATH ,			STATE OF MA	DWIAND
County Wor	cester	2218	(0)	STATE OF MA	
	A (f	\·.	(2)	Registration D	450
Village or City OC	omoke (itu			fif death occurred in
Things of Organization		1 6		St.;Ward)	a hespital or institution.
² FULL NAI	ME UM	aut 0	linggot	d	give its NAME instead of street and number.]
PERSONAL A	ND STATISTICAL PAR	TICULARS	I A ME	DICAL CERTIFICATE	OF DEATH
A	OR OR PACE 5 SINGLE		16 DATE OF DEAT	10	OF DEATH
House la la	MARRIEO WIOOWEO OR DIVOR (Write the w			(Month)	(Day) (Year)
6 DATE OF BIRTH	(Write the w	word)	17 I HEREI		tended deceased from
	12/27	1/1915		, 191, 10	, 191,
7 AGE	(Month) (I	Dry) (Year)	that I last saw i	revalive on A	le. 27 , 191 5,
AGE	/ /	If LESS than 1 day, hrs.		occurred on the date st	
***************************************	yrs, mes,	ds. OR min.?	The CAUSE OF	DEATH * was as follow	ws: -
(a) Trade, profession, or			Tren	nature	Butt
particular kind of work (b) General nature of lodusi		••••••••••••••••••			
husiness, or establishment which employed (or employe	In		************************************	(Duration)	yrsdsds.
9 BIRTHPLACE (State or country)	1)	***************************************	Contributory Secondary		000000007700000000000000000000000000000
	md.		Secondary	(Oursilon)	ten man da
10 NAME OF	man P.	1000	(Signed) X	SHAT	es Reguer
11 BIRTHPLACE	ornan van	ragora	12/09	191 5 (Address)	
Z OF FATHER (State or country	y) Md.	00	*State the I	DISEASE CAUSING DRATH, OF, I) MEANS OF INJUST; and	in deaths from VIOLENT
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER	Maria as	9			
13 BIRTHPLACE	www er	ng	OR RECENT RESI	DENTS)	INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country		Δ	At place of deethyrs	la the Stete	yrsmosda.
14 THE ABOVE IS TRUE	TO THE BEST OF MY KNO	OWLEGE	Where was dissess cost if not all place of deeth	racted, 1 ?	***************************************
(Informant)	naw Utin	a gold	Former er usual residence	280 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	**0.00*********************************
(Address)	ocomoke	Ohld.	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
15	- 80 1 1		Halls	Hell# 1	12/25, 191
Filled 12 28 , 1	915 6. J. A	rugis	28 UNDERTAKER	10 - 1 R	ADDRESS 1-
	f more blanks are needed, add	ress State Registrar 1	A W Seretors St. Po	tto Requestion V S No.	V. Cly



[Approved by U. S. Census and American Public Health Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," If retired from (b) Auto-

spinal meningrum,
Typhoid fever (never report
Lobar pneumonia, Bronchopneumonia ("Functional field);
Unqualified, is indefinite);
Tuberculosis of lungs, meningruposis indefinite. CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted Statement of Cause of Death-Name, first, the DISEASE (the only definite synonym is "Epidemic cerebrofor the same disease. Examples:

Cerebrospinal BUREAUVE the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-RECEIVED JAN 51916

gnature.

and consequences (e. g., sepsis, tetanus) may be stated state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates birth or miscarriage as "Puerperal septichaemia;" "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important cough; Chronic valvular heart discase; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping If this certificate is looked over thoroughly and all ques-The contributory (secondary or intercur-10 ds. "Puerperal septichaemia," Never report mcre ACCIDENTAL,

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

stated EXACTLY.

of information should be carefully supplied. AGE should be significant in plain terms, so that it may be properly classified. See instructions on back of certificate.

Every Item CAUSE OF I

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERMANENT RECORD

4

1 PLACE OF DEATH

22186



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of streef and number.]

FULL NAME MANUAL DELLY	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Alice // 1915 to Alice // 1915
(Month) (Day (Year)	that I last saw have alive on Louis 14, 1916.
⁷ AGE If LESS than	and that death occurred on the date stated above, at 3 Q, m,
2 4 yrs 4 mos D.ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	p f
(a) Trade, profession, or Jousevile	dolar Julussoma
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duratien) yrs mos 6 ds.
9 BIRTHPLACE (State or country) Manufand	Seeondary
10 NAME OF FATHER Silas Corippen	(Signed) John Se Alicheron, M. D. Alicheron, M. D.
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER addie Miles 13 BIRTHPLACE OF MOTHER (State or country) Manyland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Slate yrs, mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Intermant) Visicent Selly	Former or usual residence
(Address) Stockton, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Stockhou St. Paul Cemelary 12/14/, 1915
Filed 12/14, 1915-100 Payrel REGISTRAR	Harasen Smack Slocklow led
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

ented thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers statement. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubcrculcsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehueetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Cauture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Coutributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inauition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustiou," may be stated under the head of (Recommendations on statement of (secondary or intercurrent) death), 29



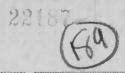
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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH of Information should be

DEATH in plain terms, so that it man CAUSE OF I

PLACE OF DEATH Village or City.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution,

²FULL NAME	give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Journal Colored (Single, Widowed, Orbivorced (Write the word)	16 DATE OF DEATH JZCZ / 1915. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH DEC 9 19/5 (Month) (Day (Year)	
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 A m. The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: Allended
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
10 NAME OF FATHER SILLOY 11 BIRTHPLACE OF FATHER (State or country) Workers College 12 MAIDEN NAME OF OF MOTHER (STATE OF MOTHER OF MO	(Signed) (Duration) yrs mos ds. (Signed) (Address) Slock of Lccl *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
of MOTHER Matha Creffin 13 BIRTHPLACE PF MOTHER (State or country) Wicester Collect 14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Stocklan Mid Filed 12/17/, 1915 - 100 Yangthe REGISTRAR	PLACE OF BURIAL OF REMOVAL DATE OF BURIAL STOCKLOW STOCKLOW STOCKLOW 12/1/, 1915. 23 UNDERTAKER ADDRESS FANKIN St., Balto, Requesting S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. eated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronie interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (uame origin; "Cauinjury, as fracture of skull, and eonsequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Collapse," "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As ample: ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease ean be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For vio-



Z.B.

PLACE OF DEATH County Wreisler 22188 Village or City Snowfill Md No. 25 FULL NAME harborl Afo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, Diegle Wiooweo OR DIVORCEO (Write the word)	16 OATE OF OEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1897	that I last saw h alive on 191, 191, 191
7 AGE (Stotte) (Day) (Tear) 7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	Ballo, last lugslay died him
(b) General nature of industry business, or establishment in which employed (or employer)	(Ouration) Dorid Mon ds.
9 BIRTHPLACE (State or country) It or cester 60 July	Contributory Secondary
10 NAME OF G. 20. J. Spencer	(Signed) (Ourstion) yrs. mos. ds.
U BIRTHPLACE OF FATHER (State pr country) Provestive 60 md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
of Mother Januar Jule	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State of country) Wor Cester Go and	OR RECENT RESIDENTS) At place in the of death
(Intermant) 490799 J. Spencer	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Danovstice Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 12/12, 191 LEKoy Swith. REGISTRAR	William S. Williams Inoroffice Med



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Colton write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer, mobile factory. The material worked on may form part mill; (a) Salesman, (b) Croccry; (a) Foreman, (b) Autoor given up on account of the disease causing death, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, Women at home, who are engaged in If retired from without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, Or HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal schicharmia," "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness, head-homicide; Poisoned by Struck by railway train-accident; Revolver cause. Always qualify all diseases resulting from childetc., when a definite disease can be accortained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia;" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or interent-"Dropsy," "Exhaustion," carbolic acid-probably Never report mere (Recommendations punon



1 PLACE OF DEATH	STATE OF MARYLAND
County Warceslin 22103	CERTIFICATE OF DEATH
County	347
0	Registration Dist. No.
Village or City (No.	St; Ward) [If death occurred in
	a hospital or institution, give its NAME instead
FULL NAME Sumlaw IN	heatler of street and number.]
	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH DEC 2 . 1915
Male MIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	11 HEREBY CERTIFY, That I attended deceased from
11.5	/ - 2 , 191 5 , to, 191 ,
(Month) (Day) (Year)	that t last saw have alive on 12-2 1915
T AGE If LESS than	and that death occurred on the date stated above, at
1 1 day, hrs.	The CAUSE OF DEATH * was as follows:
yrs mos ds. OR min. ?	
GOCCUPATION (2) Trade, profession, or	marasussa
particular kind of work	
(b) General nature of ledustry business, or establishment in	(Burstian) we man de
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF	(Buration) yrs. mos. ds.
FATHER STATES	(Signed) Although M. O.
IT BIRTHPLACE	12-3:191 5 (Address) Lacourage El
Z OF FATHER (State or country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal of Homicidal.
a OF MOTHER Mally Shirgis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At pisce to the
OF MOTHER (State or country)	ef deeth yrs. mes. ds. State, yrs. mos. ds. Where wes disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not st placs of desth?
Onlormant) John Whearley	Former or usust residence
(1) On source Cel - mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	11 Lan 15 19 4 1 10/2 10
15 12/2 8 111-2'	20 UNDERTAKER ADDRESS
Filed 3 , 191 5 5 XX 70 7750	
REGISTRAR	6 It Is allar V 11 mi to awake
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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